



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

SOUTHERN AFRICA

Southern Africa is the region most severely affected by HIV/AIDS. In at least seven countries—Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe—more than one-fifth of the adult population is infected with HIV. In four of these countries, HIV/AIDS prevalence exceeds 30 percent; and Botswana's rate is nearly 40 percent. According to UNAIDS, at the end of 2001, in a single year, nearly 15 million people in southern Africa were living with HIV/AIDS, and an estimated 1.1 million people, most of them adults in their most productive years, had died of the disease.

It is becoming increasingly clear that, despite these high prevalence rates, the epidemic has not yet peaked. HIV prevalence rates among pregnant women are still climbing in many countries and, according to UNAIDS, have reached 45 percent among women in urban areas of Botswana, 35 percent in Zimbabwe, 32 percent in Swaziland, 30 percent in Namibia, and 25 percent in South Africa. Among some population groups—particularly youth and young adults—rates are higher still. Throughout the region, prevalence among girls and young women is higher than among young men. In Malawi, ten times as many girls as boys are infected. In South Africa, the rate among young women is 31 percent; among young men it is 13 percent. In Zambia, prevalence among young women is 25 percent versus 10 percent among young men; in Zimbabwe, it is 40 percent among young women versus 15 percent among young men.

It is estimated that approximately 70 percent of the world's people living with HIV reside in sub-Saharan Africa, with the southern region most seriously affected. The consequences are felt in virtually

every area of life. After years of steady improvements in life expectancy, these gains are being wiped out by AIDS, and life expectancy is dropping to levels not seen in decades. The U.S. Census Bureau predicts that several countries in the region will soon have life expectancies of 30 years or less.

Almost every population group in the region is at risk, but prevalence is especially high in cross-border areas with high mobility among truck drivers, migrant workers, and commercial sex workers. High levels of movement between towns and mining areas, well-connected road and rail systems, population dislocations resulting from



Map of Southern Africa

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drought and conflict, and the commercial and multiple-partner sex that can result from these factors, are all contributors to the spread of HIV/AIDS.

Other factors contribute to the high HIV prevalence rates. The presence of high levels of other sexually transmitted infections significantly increases the likelihood of contracting HIV, particularly for women. Severe poverty may mean that sexually transmitted infections go untreated for long periods of time, increasing both their severity and likelihood of being spread. Poverty and the associated low health status of much of the population make the population more vulnerable to many diseases and contribute to the factors that increase high-risk behavior. Lack of condom availability is yet another factor; although condoms have proven ability to prevent the transmission of HIV and other sexually transmitted infections, they are not readily available nor are they used in much of the region. Even in commercial sex encounters, condom use remains relatively low.

Regional Response

All the countries in the southern Africa region have developed an organized policy response to the HIV/AIDS crisis, with some countries having developed comprehensive national plans and others working through a set of laws and policies to respond to various aspects of the epidemic. Whether or not they have a comprehensive plan, all countries in the region have adopted multisector approaches to prevention and care.

There is much these countries can learn from one another. Although the health sector leads the response in all countries, in some cases, ministries other than that of health run their own independent AIDS control programs; in other countries, liaisons from other ministries work in collaboration with but under the leadership of the health ministry. The sectors most likely to be involved in HIV/AIDS work after health are education; labor and employment; and youth, culture, information, or sports. Less frequently involved are the agriculture, tourism, transport, and public works sectors. Several countries—including Botswana, South Africa, and Swaziland—have created national AIDS councils or similar bodies, located in the office of the president, to ensure that coordination of the response across sectors takes place at the highest level.

Countries are increasingly recognizing the value of sharing information and a coordinated response not just within, but also among countries. The Southern African Development Community, consisting of 14 member countries, has worked with USAID and others to increase awareness of the devastating impact of the disease and has promoted regional cooperation in addressing the HIV/AIDS pandemic. In July 2003, at a summit of heads of state and government, the Southern African Development Community agreed to a framework and plan of action aimed at reducing the incidence of new infection among the most vulnerable groups in the region, mitigating the socioeconomic impacts of HIV/AIDS, reviewing and harmonizing policies within the region, and mobilizing and coordinating resources for a multisectoral, regional response.

Regional coordination within and across countries is viewed as essential to effectively address the growing problem of HIV/AIDS. Botswana, with the highest HIV prevalence in the world, according to UNAIDS, is well on its way toward implementing a “second-generation” response that is coordinated not by the health ministry, but under presidential leadership across sectors, with most of the cost funded by the government.

USAID Support

In 2000, the U.S. Agency for International Development (USAID) launched the Regional HIV/AIDS Program for Southern Africa. The regional program was designed with four major components: 1) targeting high-transmission areas at cross-border sites with appropriate interventions; 2) providing support to countries in developing and improving their HIV/AIDS policies; 3) stimulating exchange among countries about best practices and lessons learned; and 4) providing technical assistance to countries that do not have USAID Missions.

Participating countries in the regional program include Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. USAID HIV/AIDS assistance to the regional program has increased from \$1.5 billion in 2000 to \$4.0 billion in 2001 and 2002, and to \$6 billion in 2003. All but Botswana, Lesotho, and Swaziland also receive bilateral HIV/AIDS assistance. Angola and Namibia receive “basic” HIV/AIDS support from USAID, and the rest are considered high-priority countries that have received increased bilateral support in recent years.

as USAID has stepped up its commitment to addressing HIV/AIDS in developing countries, particularly through the President's Emergency Plan for AIDS Relief.

Corridors of Hope: Reducing cross-border transmission

Throughout the region, efforts are under way to reduce HIV transmission among truck drivers, commercial sex workers, informal traders, military personnel, and youth. Specific activities vary by country and community, depending on need, but they share an emphasis on increasing HIV/AIDS awareness and condom availability in border areas with highly mobile populations. Easily identified by the *Corridor of Hope* logo, these activities are implemented by regional and local partners with ability to reach the target audience.

By promoting the use of condoms (including free distribution where necessary), training peer educators, promoting care-seeking behavior for sexually transmitted infections, conducting "edu-theatre" events, providing HIV risk-reduction counseling, and a host of other activities, community partners are reaching some of the highest-risk population groups. Because of variations across countries, activities must be geared to the culture and realities of particular communities.

The emphasis on border communities fills an important need in the region. Cross-border regions are often ignored by traditional sources of donor funding. In southern Africa, where borders are numerous and cross-border trafficking is significant, the Regional HIV/AIDS Program for Southern Africa is helping to make condoms widely available.

Improving HIV/AIDS policies

In a region with many borders, a coordinated strategy for managing HIV/AIDS is more effective than a fragmented one. The regional program works with individual countries and the Southern African Development Community to collect information about existing policies and improve policy approaches in the region.

Current activities include:

- Developing a database of existing national HIV/AIDS statistics;

Angola	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	350,000
Total population (end 2001)	13,527,000
Adult HIV prevalence (end 2001)	5.5%
Botswana	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	330,000
Total population (end 2001)	1,554,000
Adult HIV prevalence (end 2001)	38.8%
Lesotho	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	360,000
Total population (end 2001)	2,057,000
Adult HIV prevalence (end 2001)	31.0%
Malawi	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	850,000
Total population (end 2001)	11,572,000
Adult HIV prevalence (end 2001)	15.0%
Mozambique	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1,100,000
Total population (end 2001)	18,644,000
Adult HIV prevalence (end 2001)	13.0%
Namibia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	230,000
Total population (end 2001)	1,788,000
Adult HIV prevalence (end 2001)	22.5%
South Africa	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	5,000,000
Total population (end 2001)	43,792,000
Adult HIV prevalence (end 2001)	20.1%
Swaziland	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	170,000
Total population (end 2001)	938,000
Adult HIV prevalence (end 2001)	33.4%
Zambia	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1,200,000
Total population (end 2001)	10,649,000
Adult HIV prevalence (end 2001)	21.5%
Zimbabwe	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2,300,000
Total population (end 2001)	12,852,000
Adult HIV prevalence (end 2001)	33.7%

- Conducting in-depth analysis of HIV/AIDS operational policies;
- Developing policy guidelines;
- Developing best practice recommendations; and
- Promoting and developing formal and informal leadership for HIV/AIDS program and policy development.

Networking: Building on experience

The Regional HIV/AIDS Program for Southern Africa works to help countries benefit from mutual HIV/AIDS experiences. To stimulate interaction among countries, the regional program facilitates meetings on best practices and lessons learned. Specific topics addressed include the impact of HIV/AIDS on business and agriculture, the leadership role people living with HIV/AIDS can play in addressing HIV/AIDS, and building the capacity of faith-based organizations in HIV/AIDS prevention and care.

Supporting non-USAID countries

The three southern African countries in which USAID does not have Missions and that do not receive bilateral assistance receive technical support for HIV/AIDS issues through the regional program. Known in Botswana, Lesotho, and Swaziland as the Ambassador's Initiative on HIV/AIDS, the program provides support for building the capacity of non-governmental and community organizations in HIV/AIDS prevention and care. Target groups include youth, women's organizations, media professionals, peer educators, nurses, and counselors, among others. The program has also supported such activities as a strategic planning exercise in Botswana and the creation of resource centers in Lesotho. As in the rest of the region, worker migration, transportation, and other cross-border issues are an important element in the spread of HIV/AIDS; the regional program is beginning to work with the non-USAID-presence countries to address these issues. Given the urgency of the epidemic in Lesotho and Swaziland, for example, activities there are increasing, with additional support being provided for prevention of mother-to-child transmission and voluntary counseling and testing programs.

For more information:

Regional HIV/AIDS Program for Southern Africa

<http://www.rhap.org.za>

USAID Global Health Website, Africa

http://www.usaid.gov/pop_health/aids/Countries/africa/index.html

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com

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